Approved for use through 11/30/2011 OMB 6651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

A CONTRACTOR OF THE PROPERTY O	Application Number	10/576,634
	Filing Date	April 5, 2007
	First Named Inventor	Mitchell C. SANDERS
	Title	COLORIMETRIC SUBSTRATES, COLORIMETRIC SENSO
	Art Unit	1657
	Examiner Name	Bin SHEN
	Attorney Docket Number	101713-5089-US

I hereby revoke al	I previous powers of attorney g	ivon in the above ide	antified applicati	ion			
		iven in the above-lu	enuneu applicati	1011.			
OR I hereby appoir Number as my, identified above and Trademark OR I hereby appoir	orney is submitted herewith. It Practitioner(s) associated with the force attorney(s) or agent(s) to prosecute, and to transact all business in the Use Office connected therewith: It Practitioner(s) named below as my/ousiness in the United States Patent are	te the application nited States Patent our attorney(s) or agent(s)	to prosecute the agecled therewith:	28977			
	Practitioner(s) Name		Registration Number				
principal numbers approximation () and decembe and use							
a amproposition of management and analysis of the state o	essentiativos principios de Video de Anton Video Consultante antigo anti						
4 - 1 (4) or specific in production and the contraction of	oo Pining Amerikan kan kan kan kan kan kan kan kan kan		reference to specify the state of the second s	натрания в подательного поставления в технология в подательного подательного подательного в подательного в под			
Places recognize or change the personnel and address for the above identified and better the							
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.							
OR OR			титерия в повет проволять обще не формация при части надачнация и на				
The address ass	sociated with Customer Number:						
Firm or Individual Name							
Address							
City	Par a fair a a a faire de la company de la c	LState		ENGLISHES STATE STATE OF THE ST			
Country	a saugety, prife , por x	State		Zip			
Telephone	remains the Artifact and 17 of Artifaction devices a large distribution of the Artifaction of the Artifactio	Email		erriginaariginaangafaadaassassassassagingirig (oo organiin) ja marke ja			
t am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73/h) (Form PTO/SB/96) submitted berewith or filed on							
Statement under	37 CFR 3.73(b) (Form PTO/SB/96) st	Applicant or Assignee		conformation representation of the control of the c			
Signature	A. Lorenson	Applicant of Assigned	Date	1218 October 2010			
Name	Paul Lowing		Telephone	+44 1756.747515			
Title and Company Sr. I.P. Coordinator, Systagenix Wound		nix Wound Manager	nent (U.S.), Inc.				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*							
*Total of	*Total of forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gaffinging, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450.